| **REPUBLIC OF MAURITIUS**  **Department of Civil Aviation** | | | |
| --- | --- | --- | --- |
| Prospective CAMO Pre-Assessment Statement | | | |
| To be completed by an applicant for an Continuing Airworthiness Management Organization (CAMO) | | | |
|  | | | |
| **Section 1. ORGANIZATION DETAILS** | | | |
| 1. Company registered name  And trading name if different |  | | |
| 2. Address of the PPB  Principal Place of Business, including phone, fax and email |  | | |
| 3. Proposed start-up date |  | | |
| 4. Type of operation |  | | |
| 5. Management and key staff personnel | | | |
| Name | Title | Phone | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 6. Proposals for maintenance | As found on DCA Form 2 Application for MCAR Part CAMO | | |
|  | | | |
| **Section 2. STATEMENT** | | | |
| The signature and the information contained in this form denote an intent to apply for an AMO approval | | | |
| Signature |  | | |
| Date |  | | |
| Name and title |  | | |
|  | | | |
| **Section 3. DCA MAURITIUS** | | | |
| Received by |  | | |
| Date received |  | | |
| Our reference |  | | |
| Remarks, if any |  | | |